Case Management Bridge Crossings

Bridging the Chasms of Case Management . . . making it a reality Melanie Prince, Maj., USAF, NC



This issue highlights civilian industry and military trends in case management practice.

The attention given to case management's potential impact on the healthcare industry continues to grow. Civilian and military trends in the areas of standardization, education, and performance measurement are on the rise. This upward trend is a direct response to the multitude of demands and challenges that face case managers today. The challenge for case managers is to recognize the diversity of healthcare environments and the multitude of circumstances that affect a patient's ability to manage their care. Case managers must critically ascertain the impact of family dynamics and lifestyle on a patient's care management. In the end, case managers are expected to develop comprehensive care plans that address the patient's medical needs; coordinate services around the needs of the family unit; and arrange for health care delivery within the parameters of the health plan. Throughout this process, the case manager must continuously evaluate the effectiveness of case management on the clinical and functional status of the patient and evaluate the impact on the organization in which the case manager works. It is critically important to locate and maximize resources at local, state, and federal levels to not only meet the immediate needs of the patient, but to also put in place resources that sustain the patient's care over the long term.

"The challenge for case managers is to recognize the diversity of healthcare environments and the multitude of circumstances that affect a patient's ability to manage their care."

Industry expectations are that case managers have a working knowledge of a variety of illnesses and treatment regimes and have the skills to anticipate the needs of patients with these illnesses. Health, medicine, psychology, pharmacology, insurance, community organizations, local/state/national agencies, finance, healthcare policy, and outcomes management are but a "few" areas of expertise the industry expects from today's case manager. The development of postgraduate education is at a furious pace to prepare case managers with skills required to manage care for complex patients in complex situations.

National organizations are investing in committees of clinical experts to enhance the body of knowledge for case management. Committees and advisory groups create alliances with other areas of the industry that support case management practice such as disease management, long term care, pharmaceuticals, and information technology. The result is an organized effort to adopt national standards for clinical practice, develop standards by which case management organizations will be accredited, and fund demonstration projects to test various models of case management.

The Center for Medicare and Medicaid currently has demonstration projects that use case management models in coordinating care for the Medicare population in rural and urban areas.

More information may be found at http://www.cms.gov. (Type "Coordinated Care" in the search engine). The complexities of our healthcare system, our changing population demographics, and the diversity of family dynamics and lifestyle has spurned a rise in disease and case management companies. To protect the consumer and offer a way to critically evaluate companies, there is a movement toward organizational accreditation.

Added to industry trends are the military's case management focus on not only meeting the needs of our most complex patients, but also *preventing* patients from becoming complex. The trend now is to focus early case management intervention on patients *before* they become the "20% of the population who consume 80% of the resources." This is a different mindset from many civilian programs that tend to engage case management after a financial threshold is met. While this criterion is important and necessary, the military must engage sooner to avoid meeting financial thresholds that could literally "break the bank" of a Military Treatment Facility. There must be an ongoing determination of the fiscal impact of case management on our military resources. An effective way to evaluate impact is through systematic cost avoidance analysis. Consider the MTF example below.

Example #1: Patient arrived in ER via ambulance with history of compression fracture from osteoporosis; history of wo prior visits to urgent care clinic. Requests admission to hospital for poor pain management **CM Interventions:** Education, transportation arrangements, pain management plan implementation **Outcomes:** avoided admission—case manager initiated plan from ER and discharged patient to home

arranged for alternative transportation other than ambulance

avoided ER and urgent care clinic (UCC) visits

started pain management plan for maintenance and breakthrough pain

Cost Avoidance: avoided admissions \$6,817.00

avoided ER visit \$423.00

avoided UCC visit \$122.00 Total: \$7,362.00

In today's high operational tempo—and current world events—the military medical system must make every effort to avoid high medical costs. Case management offers a way to systematically manage complex care efficiently and effectively. #